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Δ	BS-7 (1/19).									
ABS-7 (1/19)V-104 (5/11) PAGE 1 of 2 FOLD										
Use only for accidents that happen in New York State New York State Department of Motor Vehicles REPORT OF MOTOR VEHICLE ACCIDENT										
WWW.dmv.ny.gov BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 2										
	DO NOT FORGET									
	Accident Oste Day of Week Time Number of Number Did police investigate If Yes', Name of Police Agency or Precinct & Accident Number									
	Month Day Year AM Vehicles 0.7 20 21 TUESDAY 6:20 PM 2	Injured K	alled	800	ident at aca	No No				
	ORIVER OF VEHICLE 1	State of License		HICLE	2 🗆 1	PEDES	TRIAN DBICYCLIST DOTH	State of Ucense		
0	878838470		Driver Ucense 10 Number State of Ucense PA							
DRIVER	Driver Name—exactly as printed on Scense (Lest, First, M.I.) FARINA, NICOLA, S				Name—exactly as printed on license (Last, First, M.I.) JN LOUIS MICHELET					
	Addrass (Include Number & Street) Apt, Number				Address (Include Number & Street) Apr. Number					
NR.	8633 BAY 16TH STREET City or Town State Zip Code				512 N CENTRE STREET 21 Cky or Town State Zip Code					
_	BROOKLYN NY 11214				Chy or Town State Zip Code POTTSVILLE PA 17901					
	Oate of Birth Oate o	Public Property Damaged	Date of	Birth Month 0.8	Day 03	Year	Sex Number of People in 1	Public Property Damaged		
2	Name-exactly as printed on registration Date of Birth	Year Sax	-	_	as printed on		tion Date of Birth	Sex		
	FARINA, NICOLE, S Month Day 15 Address (Include Number & Street)	Company of the last of the las	WERNER ENTERPRISES, INC Month Day Year							
R	8633 BAY 16TH STREET	Apt. Number	Address (Include Number & Street) Apt. Number 14507 FRONTIER ROAD					Apr. Number		
REGISTRANT	City or Yown State Zip Code				City or Town State Zip Code 1					
RE	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code				OMAHA NE 68138 Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code					
	BMB3377 NY 2019 NISS 4DS	100	-	W44 3.64	409	9	Serge Set Con-Sec.	TR 1		
8	Estimated Cost of Property Damage - Vehicle 2 \$\int \text{S1,001-\$1,500} \property Damage - Vehicle 2 \$\int \text{S1,001-\$1,500} \property Damage - Vehicle 2 \$\int \text{S1,001-\$1,500} \property \text{D1,501-\$2,500} \property \text{D2,500} \property \text{D3,001-\$1,500} \property \text{D4,001-\$1,500} \property \text{D4,001-\$1,001-\$1,500} \property D4,001-\$1,001-									
믕	escribe damage to vehicle 1 ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if N Left Turn Rear End Sideswipe (same circulors) OKEN DOOR, describes the accident, or draw your own diagram below in space #6.									
DAMAGE	BROKEN FENDER, Number the vehicles. Your vehicle is # 1	(EN FENDER, Number the vehicles. Your vehicle is # 1								
EDA	BROXEN TAILLIGHTS,	TS, Left Turn Right Angle Right Turn								
히	DAMAGE TO REAR									
Ē	WHEEL WELL AND RIM, RIPPED	A THE AND TO SELECT A SECURITION OF A SECURITI								
>	BUMPER	-			6	1		-		
2	Place Where Accident Occurred in New York State:	9. 8. 7 8 24								
NOI	County KINGS City Q Village D Town of		HANDERS TRANSPERS		62 H		Permanent Landrnark			
	oad on which accident occurred Interstate 278 Brooklyn-Queens Expressway (BQE) East (Roote Number of Street Name)									
at 1) intersecting street Course Number of Street Name)								25		
틸	or 2) Seet Miles OF VEHICLE 1 WAS exiting E/B BQE IN RIGHT LANE WHEN VEHICLE 2 ATTEMPTED TO MERGE INTO THE RIGHT LANE FROM CENTER LANE NOT SEEING VEHICLE 1 THEREBY									
S										
⋖.	CAUSING COLLISSION.							27		
3	Names of All Paragns Involved 8. Which Vah Occupied involve Eq	Safety 12. uip.Used Age		16. Hyu A	ny B C		Describé Injuries	onte of Death		
VED	FARINA, NICOLA, S 1 1	4 41	M	-		NEC	K, BACK, XNEES, SHOULDERS			
NVOL	JN LOUIS MICHELET 2 1	38	M			+		28		
N										
3	Identify Damaged Property Other Than Vehicle(s)	maged Property VIN 1N4BI,4BV7KC105271								
шŤ	Name of Insurance Company That Issued Policy For Vehicle 1 GEICO INSURANCE COMPANY Policy For Vehicle 1 GEICO INSURANCE COMPANY									
3	Name and Address of Policy Holder FARINA, NICOLA, S	and Address of Policy Period Policy Period								
5ľ	If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.	was Operated Under Permit Name and Address								
A. 10	Ut Permit ribited									

* A representative may sign for the driver if the driver it unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. Death and if not signed may result in the suspension of your driver's license. This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

NICOLA FARINA

If Salf-Insured, give Certificate No.

Print Name of Driver (or Representative*) of Vehicle 1

Dale

Mark JF. Dobroeder COMMISSIONER OF MOTOR VEHICLES

and State

An accident report is not considered complete and filed unless it is signed,

Signature of Driver (or Representative*)